FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	ORGANIZ	ATION		
	(See instruct	tions)	C	Office use only
NAME OF COMMITTEE (in f	ull) (Check if name is changed)	Example: If typying, type over the lines	12FE4M5	1 1
CVS/CAREMAI	RK CORPORATION FEDERAL I	PAC		
ADDRESS (number and s	treet) ONE CVS DRIVE			
(Check if address is changed)			11111	
	WOONSOCKET		RI	02895
		CITY▲	STATE	ZIP CODE 📥
COMMITTEE'S E-MAII	L ADDRESS (Please provide only one	e-mail address)		
(Check if address is changed)	CADENALE@CVS.	COM		
COMMITTEE'S WEB F	PAGE ADDRESS (URL)			
(Check if address is changed)				
2. DATE 0 3	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y			
3. FEC IDENTIFICAT	TION NUMBER	C C00327916		
4. IS THIS STATEM	ENT NEW (N) OR	X AMENDED (A)		
I certify that I have examin	ned this Statement and to the best of my ki	nowledge and belief it is true, correct	and complete	
T D: .N (3	Freasurer CAROL A. DEN	IAI F		
Type or Print Name of 1	reasurer	IALL		
Signature of Treasurer	Electronically Filed by CAROL 2	A. DENALE	Date 03	18 7 2009
NOTE: Submission of fals	se, erroneous, or incomplete information m	nay subject the person signing this S	tatement to the penalties	s of 2 U.S.C. S437g.
	ANY CHANGE IN INFORM	ATION SHOULD BE REPORTE	D WITHIN 10 DAYS	
Office Use Only		For further information Federal Election Comm Toll Free 800-424-9530	nission	FEC FORM 1 (Revised 02/2009)